

Table 5B. Profile of Clients by Type of Funding Support

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 5A.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Table 5B.													
Report Year:	2007												
State Identifier:	IN												
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Medicaid Only	28704	24841	0	991	1142	0	0	0	0	29695	25983	0	55678
Non-Medicaid Only	16644	13743	0	832	744	0	0	0	0	17476	14487	0	31963
People Served by Both Medicaid and Non-Medicaid Sources	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Status Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Served	45348	38584	0	1823	1886	0	0	0	0	47171	40470	0	87641
Comments on Data (for Age):	* Age is calculated at the beginning of the fiscal year.												
Comments on Data (for Gender):													
Comments on Data (Overall):													

Comments on Data (Overall, Continue): * The reports shown on this website contain numbers for Indiana residents who are served by the Hoosier Assurance Plan (HAP) and do not contain numbers for all Indiana residents who may receive mental health or addiction services. The HAP is the main method by which the Indiana Division of Mental Health and Addiction can fund community mental health services. As established by the Indiana Legislature, the HAP is designed to support and manage the delivery of behavioral healthcare services to individuals who are in a low income population and who have clearly identified mental health needs.

* Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included.

* This report currently contains data from the Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS).

* The results of this report were determined by placing consumers with a Medicaid ID number in the 'Medicaid Only' row, and consumers without a Medicaid ID number into the 'Non-Medicaid Only' row.

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

If a state is unable to unduplicate between People whose care is paid by Medicaid, then they should report all data into the People Served by Both Medicaid and Other Sources and would check the box, 'People Served by Both is a duplicated count'.